



1745

**TRANSMITTAL FORM***(to be used for all correspondence after initial filing)**Complete if Known*

Application Number	09/913,349
Filing Date	August 14, 2001
First Named Inventor	K. Hanafusa
Examiner Name	John S. Maples
Group Art Unit	1745

Total Number of Pages in This Submission	Attorney Docket Number	2576-111
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**ENCLOSURES (check all that apply)**

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|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Assignment Papers  | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input checked="" type="checkbox"/> Amendment                                | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition   | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Declaration under Rule 312                          | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Other Enclosure(s) (please identify below):                       |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer  |  |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Request for Refund   |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s)  |  |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   |   |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |

REMARKS:

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TC 1700

SUBMITTED BY		Complete (if applicable)			
NAME AND REG. NUMBER	Thomas E. McKiernan, Reg. No. 37,889				
SIGNATURE		DATE	October 8, 2003	DEPOSIT ACCOUNT USER ID 02-2135	

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